

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Jeff Barnett for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Alex Barriger	<b>Transaction ID:</b> D314400 <b>Date of Disbursement</b>
Mailing Address 8001 Blair Mill Dr Apartment 202	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 1 0</div> </div>
City Silver Spring State MD Zip Code 20910	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Health Care Stipend Candidate Name	<div> <div>194.00</div> <div>001 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Alex Barriger	<b>Transaction ID:</b> D308970 <b>Date of Disbursement</b>
Mailing Address 8001 Blair Mill Dr Apartment 202	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 1 0</div> </div>
City Silver Spring State MD Zip Code 20910	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Phone/Gas Stipend Candidate Name	<div> <div>200.00</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Alex Barriger	<b>Transaction ID:</b> D308979 <b>Date of Disbursement</b>
Mailing Address 8001 Blair Mill Dr Apartment 202	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 1 0</div> </div>
City Silver Spring State MD Zip Code 20910	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Health Care Stipend Candidate Name	<div> <div>343.00</div> <div>001 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**737.00**

**TOTAL** This Period (last page this line number only) .....